

An

Inaugural Dissertation

On the connexion between

Scrophulous and Tubercular Consumption

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Tubercular Consumption, is a Disease, which notwithstanding the laborious investigations, of many distinguished Physicians, has ever stood prominent on the list, of the Opprobria Medicorum.

Considering that such efforts have failed, it is not without hesitation that I venture, again to call the attention of the Faculty to the subject.

Conceiving however, that there are some circumstances relative to the Disease, which have hitherto received little attention, but which my reflections have led me to think deserving, primary consideration, I have thought it incumbent on me to do so.

In advocating the sentiments which will be noticed, I can make however, no claims to originality. They were long ago suggested, yet by the majority of Medical Men, they have constantly been denounced as heretical. Whether this attempt to establish their correctness, shall be sanctioned by the concurrence of others, time alone can determine. Be this as it may, still I trust ~~from~~ from such a collision

of Sentiment, some Sparks of Truth will be elicited.

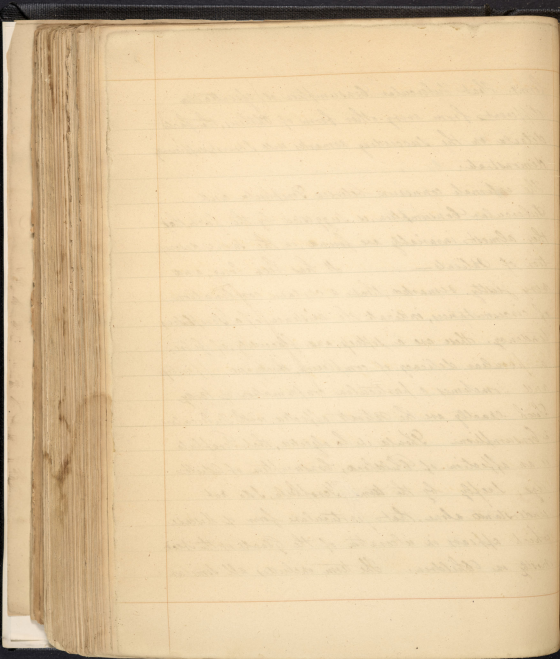
A cursory examination of the phenomena of Tubercular Consumption, led me to reflect on the resemblance between it, and some of the forms of that Disease which is denominat'd Scrophula. Getting out from this point, I have pursued the enquiry with all possible care, and it has resulted in my entire conviction that this Species of Phthisis is in reality a Stomach affection, differing from its other forms, in those circumstances only, which are the necessary results of their location, in different parts of the Body.

The consistency of our doctrine however, depends entirely, on the care with which we distinguish Tubercular Consumption, from every other form of Pulmonary Disease. We have truly, included under one head a great variety of Pectoral affections, and ~~and~~ applied without discrimination, the remedies for their cure. The first step towards reformation, is to contemplate them in their minute and individual

forms. That Tubercular Consumption is essentially different from every other form of Phtisis, the facts detailed in the succeeding remarks will strongly & sufficiently demonstrate.

The intimate connexion between Scrophula and Tubercular Consumption, is suggested by the fact, that they almost invariably are found, in the same description of Patients—

It has been long, and very justly remarked, that a certain combination of circumstances, indicate the existence of a Scrophulous tendency. These are a softness, and flaccidity, of fibre, a peculiar delicacy of complexion, thickened upper lip and sometimes a particular conformation of Body. Such exactly are the Patients affected with Tubercular Consumption. Should it be objected, that Scrophula is an affection of Children, Consumption of Adults Age; I reply by the term Scrophula, I do not understand alone, that particular form of Disease which appears in ulceration of the Glands of the Neck mostly in Children. The term includes, all similar



affections occurring at any period of life, or in any part of the Absorbent System. Viewed in this extended light, we shall more easily reconcile ourselves to the doctrine

Scrophula, is preceded by, and it is presumed to -pendant on, a certain state of the system generally, which is denoted by the term Scrophulous Diathesis. This condition, consists in what it may, always I believe gives origin not only to the ordinary form of Scrophula but to Tubercular Consumption also. This we may fairly infer from the following circumstances - Scrophula, is as hereditary as any Disease can be that is, as far as any particular kind of constitution can be transmitted from Parents to Children. In some cases, where this Hereditary predisposition exists strongly, it is excited to action in the form of Pulmonic Disease even in Infancy. It is unquestionable that many Children thus die, with every mark of Tubercular Consumption. In some of these instances the Disease attacks not only the

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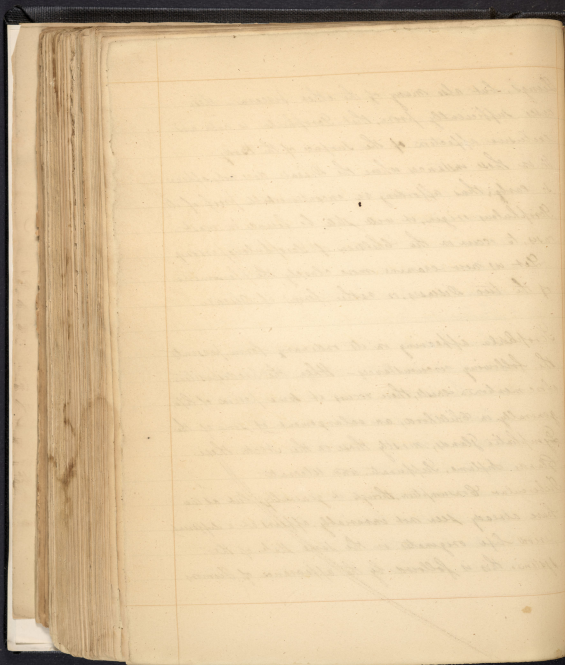
Lungs, but also many of the other viscera - these cases sufficiently prove, that Scrophulous is not an exclusive affection of the surface of the Body.

It is those instances where the Disease does not appear so early, thus affording an incontrovertible proof of its Scrophulous origin, it will still be found, in most cases, to occur in the children of Scrophulous persons.

Let us now examine more closely the phenomena of the two Diseases, or rather, forms of Disease.

Scrophulous appearing in its ordinary form, presents the following circumstances - When the predisposition above mentioned exists, there occurs at some period of life, generally in childhood, an enlargement of some of the Lymphatic Glands, mostly those on the Neck: these Glands Inflamm, Suppurate, and Ulcerate.

Tubercular Consumption, though it generally, but as we have already seen not invariably, appears at a different period of life originates in the same state of the system. This is followed by the appearance of Tumors



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in the Lungs these tumours, undergo the same morbid changes, as those we have just mentioned.

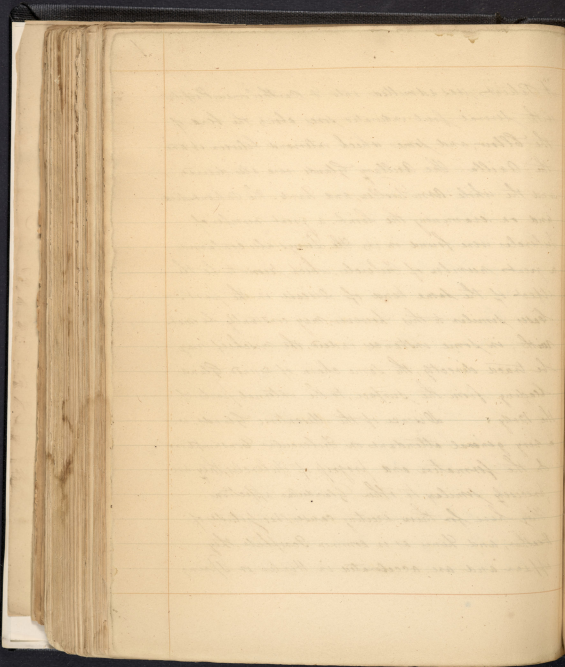
Now the natural inference is, that as the constitutional affection is the same, the local symptoms are also identical in their nature. That this is the fact I shall now attempt to prove.

These Tumours in the Lungs, which have received the name of Tubercles, are, says Cullen, small and indurated and have the appearance of enlarged Glands, that they not only have the appearance, but are in reality, enlarged Glands the succeeding facts go to prove

They are almost always found to exist at the same time, that enlargements of the Glands in the other parts of the Body occur. In the usual form of Peripneumonia, where those on the neck are affected, Tubercles in the Lungs, mostly exist. This fact, the numerous dissections which have been made, have sufficiently confirmed. A remarkable exemplification of this circumstance, is mentioned by Abernethy

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A Patient, was admitted into St. Bartholomew Hospital with several foul indurated sores about the bend of the Elbow, and some which interposed between it and the Axilla. The Axillary Glands were also diseased, and the whole Arm Swollen, and hard. The Patient died, and on examining the limb, a great number of Tubercles were found in it. The Lungs also contained a great number of Tubercles, which seem to be the effect of the same kind of Disease in the part. Cases similar to this however, may constantly be met with, in some instances indeed, the mischief may be traced directly, the same chain of diseased Glands leading from the surface, to the internal parts of the Body. Disease of the Mesenteric Glands, is a very general attendant on Tubercular Consumption. In the formation and progress of Tubercles, they are precisely similar to other Granular affections. They have for their exciting cause, vicissitudes of Weather, and hence as is common in Scrophula, they appear and are accelerated in Winter or Spring



and retarded in Summer. A person gets a dry
cough in the Winter or Spring, which goes off as the
Summer advances. This was regarded as a Catarrh, but
Tubercles were forming.

Tubercles, in their incipient Stage, have the same
characteristic Hardness. In both the progress of Inflam-
-mation is slow, and they are long in Suppurating.
When matter is formed, in neither is it a laudable
Pus. This circumstance, viz. the peculiarity of the
discharge, has been considered as a distinguishing Character-
-istic of Psoephthous Disease. From this alone, Lunatic
Abscesses have been supposed of Psoephthous origin.
In the gradual development of Psoephthous on the
internal and external parts of the Body, there is a
remarkable coincidence -

Very often in the progress of the disease on the neck
one Gland only, shall at first take on the inflammatory
process. Suppurate, Ulcerate, and Heal, before any such
process takes place in any of the others. Such is exactly
the case in the Lungs. One Tubercle only shall

Inflame, Suppurate, Ulcerate, and apparently heal perfectly. Here all the alarming symptoms subside, and we are flattered with a speedy and effectual cure. Soon however others follow the same course, and destroy at once all the pleasing illusions of Hope.

They are analogous in their difficulty of Cure - Who is not acquainted with the immense difficulty of healing Gorgneulous Ulcers on the Surface of the Body. This may be owing, partly to the nature of the part affected and partly to that derangement of the constitution which constitutes the predisposing cause.

To the same inherent difficulty, aggravated by the peculiarities of Situation, is the universal failure in curing Tubercular Consumption owing. That Hounds, and many Species of Ulcers, in the Lungs, do heal readily the Records of Surgery, and Medicine, sufficiently prove - To what then is the intractable nature of those cases connected with Tubercles, to be attributed but to the circumstances I have mentioned.

At the time Psoephula disappears from the surface of the Body, it is often translocated to the internal parts.

Of this circumstance Physicians are becoming every day more sensible. In Great Britain especially, the alarming increase of Pulmonary Mortality, has been attributed entirely to the increase of Psoephula in early life, owing to the employment of so large a number of Children in their manufacturing Establishments, where their habits necessarily produce Psoephulous tendencies.

Having now stated my sentiments, in regard to the nature of Tubercles, I must say a few words on the opinions which have been entertained by others.

The belief I have advocated was strongly opposed by the Illustrious Rush.

Speaking of Tubercles, he thus expresses himself. I yield to the popular opinion when I speak of a Consumption being caused by Tubercles. But I maintain that they are the effects of general debility, communicated to the Bronchial Vessels, which cause them to secrete a premature

It is the first time that I have
seen a man of this kind in the
country. He is a very old man
and has a very long white beard.
He is dressed in a very old
coat and has a very old hat.
He is walking very slowly and
is looking at the ground very
intently. He is carrying a very
large bundle in his arms.

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quantity of Mucus. This Mucus is poured into the Trachea, from whence from whence it is discharged by hacking, especially in the Morning, for it is discharged more copiously during the languid hours of Sleep, than in the day time — But this Mucus, is frequently secreted into the substance of the Lung, where it produces those tumors we call Tubercles.

That Tubercles are connected with debility no one will doubt, but that this alone, is their primary cause I cannot for one moment believe. This account of the origin of Tubercles is indeed, I conceive, contradicted by the whole of the phenomena presented by these Tumors. Dr. Rush infers his belief, as he tells us from the experiments of Dr. Hare, who found Tubercles to consist of inorganic matter. The correctness of this doctrine is however very questionable. Are Tubercles at all capable of taking on any morbid process whatever? If so, then the belief that they are simple accumulations of Mucus, is at once overturned, — because mere inorganic substances, are not susceptible of any such

process. Cullen says, Tubercles though at first insolent become at length inflamed, and are thereby changed into little Pustules, or Abscesses, which breaking and pouring out their contents into the Bronchia, give a purulent expectoration, and thus lay the foundation of Phthisis.

Independent of this authority, the facts that they are found perfect cavities, containing more or less matter according as Suppuration, and Ulceration, are further advanced has been so repeatedly demonstrated, that it is now no longer questioned, and the solitary facts in my opinion, completely disprove the hypothesis of Rush. Besides, were his notions correct, we should expect to find these Tumors softer in their incipient Stage, than after they had existed a considerable time. But the reverse is true, at first they are very firm, or in the language of Cullen indurated, and only grow softer as they enlarge.

That Tubercles are not at all connected with Peripneumonia, Rush infers from the circumstance, that Consumption often occurs in Patients, who have never

been affected with *Tubercula*. That Ulcers often occur in the Lungs, which are not at all connected with *Tubercula*, I am not disposed to deny. But these cases are quite unconnected with *Tubercles*, and of course do not relate to our present subject. But the notion that *Tubercles* are only casual attendants on Consumption, necessarily led Rush to confound every Species of *Phthisis* together. Influenced by this opinion, he says, that attempts to cure it, by enquiring after the existence of *Tubercles*, or the qualities of the discharge from the Lungs, are as fruitless as an attempt would be to discover the causes and cure of Dropsies, by an examination into the qualities of collections of water; or to find out the causes and cure of Fevers, by the quantity, or quality, of the discharge which takes place from the Kidneys and Skin. These sentiments however, do not accord with general experience. That the existence or non-existence of *Tubercles* in the Lungs, does constitute an important and important difference in the nature of Pulmonary Consumption is a belief in which almost every practitioner of the

present day will concur. While it is very certain
 that many Species of Ulcers of the Lungs, do heal readily,
 it is equally certain, that very few cases of real
 Tubercular Consumption, are ever cured.

I have thus endeavoured to state and defend my notions
 in regard to this form of *Phtisis Pulmonalis* -

Analogous however, as it may be in its nature, to the
 other forms of *Scrophula*, it is necessarily widely different
 in its effects. Generally in the one case, pentate on the
 confines of the System its consequences are comparatively
 trifling, in the other, attacking at once a vital part
 its ravages are frightfully fatal.

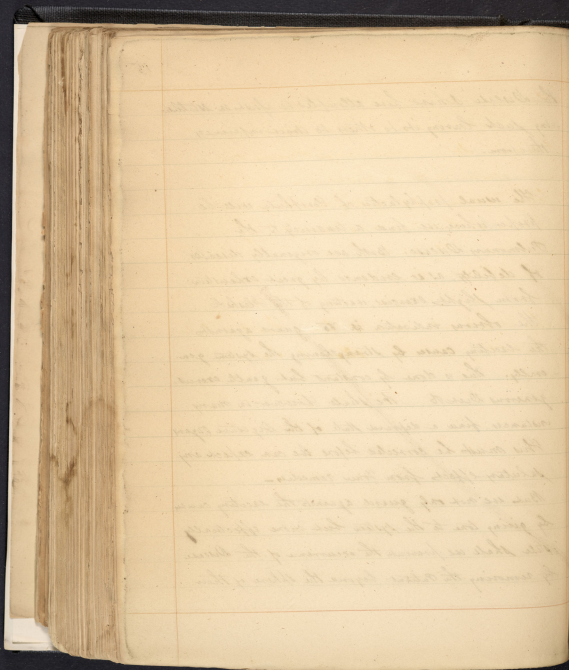
In regard to the practical precepts which are suggested
 by the views we have taken of the Disease, I shall say
 very little as the objects of this enquiry were not
 directly practical.

Thinking it of the first
 importance to acquire correct notions of the nature of

the Disease I have here attempted to apish in establish-
-ing facts leaving its to others to trace inference
therefrom.

The usual prophylactic of Gonorrhea will be
proper where we find a tendency to the
Pulmonary Disease. Both are originally diseases
of debility, as is evidenced by great exhaustion
from slight exercise, wasting of the flesh &c
The obvious indication is to guard against
the exciting causes by strengthening the system gen-
-erally. This is done by constant but gentle exercise
generous Diet &c. We shall however, in many
instances, find a depraved state of the Digestive Organs
This must be corrected before we can expect any
salutary effects from Tonic remedies -

But we not only guard against the exciting causes
by giving tone to the system, but more effectually
still shall we prevent the occurrence of the Disease,
by removing the Patient beyond the sphere of their



influence. As I before remarked the Disease appears in the Winter, and is retarded or disappears in the Summer. It is evidently enough therefore, that if such persons could be removed to a Warm Climate before Winter comes on, they might escape the Disease at that time, and by continuing there a few years be perfectly recovered.

This is not only avoiding what is hurtful but is adopting the best method of Cure.

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Concerning the best treatment to be pursued
when the Disease is fully formed I shall
say nothing. My opportunities to
acquire practical information have been
too limited to allow me to decide in
favor of any particular mode of managing
the Disease.

Others better qualified will I hope
continue the enquiry and make known to us
the result of their investigations.

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